

November 25, 2002

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-0207-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). ___ IRO Certificate Number is 5248. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing physician on ___ external review panel. This physician is board certified in orthopedic surgery. ___ physician reviewer signed a statement certifying that no known conflicts of interest exist between this physician and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, ___ physician reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 70 year-old female who sustained a work related injury to the right side of her face and neck on ___. A work-up including MRI, radiographs and discography revealed multi-level disc disease. The patient had a functional capacity evaluation, as well as underwent a pain treatment program with what appears to be an appreciable improvement. A visit to a spine surgeon revealed weakness in the right arm. Motor examination showed Grade V motors. Light touch was diminished at C5-C7.

Requested Services

Anterior Cervical Fusion C3 to C7.

Decision

The Carrier's denial of authorization and coverage for the requested services is upheld.

Rationale/Basis for Decision

___ physician reviewer indicated that the patient suffered an injury to her right face and neck on ___ from a falling massage table. ___ physician reviewer noted that radiograph studies revealed multi level disc disease, motor examinations showed Grade V motors, and that light touch was diminished at C5-C7. ___ physician reviewer indicated that the patient had a significant pre-existing cervical spine condition that could have possibly been aggravated by the falling table. ___ physician reviewer explained that multi-level spine fusions in the elderly on the basis of discography have a very poor predictable outcome. Therefore, ___ physician reviewer

has determined that Anterior Cervical Fusion C3 to C7 is not medically necessary for the treatment of this injury.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,